



Division of Entomology & Plant Pathology
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STATE OF INDIANA: REQUEST FOR PHYTOSANITARY CERTIFICATE

IMPORTANT NOTICE: Any intentional false statement or misrepresentation on the Phytosanitary Certificate is a violation of federal law, punishable by a fine and/or imprisonment. (Ref. 18 U.S.C. s1001)

Applicant Must Complete in Entirety:

Date of Application: _____
Contact Name: _____
Contact Phone: _____
Shipment Date: _____

For State Office Use Only:

PC _____

Fumigation and Disinfection Treatment Information: *Please List Active Ingredients, Do Not List Trade Names

Treatment Date: _____ Duration of Treatment: _____
Chemical(s)* used: _____ Concentration: _____

Exporter's Name: _____ **Importer's Name:** _____

Address: _____ Address: _____

Total Quantity & Name of Product: _____

Botanical Name: _____

No. & Description of Packages: _____

Distinguishing Marks: _____

State(s) of Origin of Product: _____ **Means of Conveyance:** _____

Point of Entry: _____ **Where Product is Now:** _____

Phytosanitary Inspection Info [List Producer, Year grown, Variety Number(s) and Field Number(s)]

Billing Name: (If different from exporter) _____	Send Certificate to: (If different from exporter) _____
Address: _____	Address: _____
Ph. # _____	Ph. # _____
Contact Person _____	Contact Person _____

Method of Return: **FEDERAL EXPRESS, UPS, or REGULAR MAIL**
(For Federal Express or UPS returns, please include Account Number of a Recipient or Third Party)

Service Requested : _____

Account # _____ **(Circle: Recipient or Third Party)**

Applicant Signature: _____

State Form 50437 (8-01)
Approved by State Board of Accounts, 2001